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Europe: The Research Powerhouse in Global Ophthalmology

By A. John Kanellopoulos, MD, Associate Chief Medical Editor

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I have spent half of my adult life in the United States and the other half in Europe, where, over the past 10 years, I have conducted most of my clinical and research activities. During this time, I have observed that a significant portion of the innovation in ophthalmology takes place in Europe, and it often commences here. I have learned about many of these advances through attendance at major European meetings such as the European Society of Cataract and Refractive Surgeons (ESCRS) and the European Society of Ophthalmology (SOE) and also through multiple country meetings including the Congress of German Ophthalmic Surgeons (DOC). The most recent addition to these important meetings is the American-European Congress of Ophthalmic Surgery (AECOS), which this year will be held in Berlin in June.

Although Europe lacks well-funded and rapidly responsive supervisory authorities like the National Institutes of Health and the National Eye Institute—two powerhouses in the United States that supervise, organize, support, and fund much of the groundbreaking research in that country—nevertheless, European investigators contribute significantly and consistently to new ophthalmic developments. For example, the majority of innovations in CXL have originated in Europe, including the combination of CXL with routine LASIK—especially hyperopic LASIK—and the refractive application of photorefractive CXL. Meanwhile, CXL is still under review by the FDA for approval in the United States.

Topography-guided excimer laser treatment is another area in which great developments have been made in Europe over the past 12 years. In contrast, it is only this year that its clinical practice is anticipated to reach the United States. Our broad European experience and large body of literature regarding these applications will be helpful guides for our American colleagues.

We have contributed to refractive surgery in other ways, too—in earlier years with the development of LASIK, and more recently with SMILE, which has gained significant acceptance in the European Union over the past 2 years and is currently under study for FDA approval in the United States. The big question for refractive surgeons globally is this: What are the comparative advantages and disadvantages of each procedure? In my opinion, it is obvious that SMILE will take its place among standard refractive surgery options in the near future; however, we are not yet sure of how much market share it will enjoy with regard to myopia and myopic astigmatism, or whether it will become a valid alternative to the current standards of LASIK and PRK.

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Europe has also been a breeding ground for multifocal (bifocal, diffractive, trifocal) IOL technologies, and I do not think I am exaggerating if I note that the whole world is waiting for the final verdict on which lens will have the predominant market share on our continent. Another avenue of presbyopic correction is corneal inlays, and most of the innovations in this space have also taken place in Europe. Here, again, Europe will be the referee, deciding which of these technologies will prevail.

Touching on just these few modern basic anterior segment surgery principles in use today underlines the fact that Europe is a clinical research powerhouse. My only wish is that the European Union would produce an authority for eye research that would not only make funds available (this is currently possible through the Horizon 2020 programs and ESCRS research grants) but also cultivate clinical and basic research in ophthalmology that can resonate across the entire European Union. This organization, in my opinion, would support the flourishing of even more elaborate development of new ideas and broader clinical applications of new technologies and techniques.

I am proud to live in Europe, to raise my children here, and to call myself a European ophthalmic surgeon. I hope you join me in enjoying another valuable issue of ***CRST Europe***, featuring more groundbreaking clinical and research work from our talented colleagues practicing on the "old" continent.

A. John Kanellopoulos, MD

Associate Chief Medical Editor

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Contact Info

Bryn Mawr Communications LLC
1008 Upper Gulph Road, Suite 200
Wayne, PA 19087

Phone: 484-581-1800
Fax: 484-581-1818

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